

Coversheet

This template is intended to serve as your Office of Partnerships program reporting instrument for this agreement. Please complete each report (Initial, Mid-Year, and Annual) in accordance with the reporting cycle and deadlines for this budget period and as directed by your project manager and NOA. For each subsequent report deadline, add any new information since the last submission in the appropriate section and re-submit this template.

The form contains multiple sections and tabs to complete. See the instructions provided in the orange box for each page for specific information to complete each tab.

Once you have completed all applicable sections for your award, save this form using "CAP Abbreviation_Abbreviated Association or Entity Name_Program Report" filename and ***E-mail your completed report excel file to your Project Manager and PSSDataHub@fda.hhs.gov.***

Recipient Name

Federal Award Identification Number

Report

Date Completed

Initial Report	Mid-Year Report	Annual Report	Date Received

Project Period Start Date

Project End Date

Budget Period Start Date

Budget Period End Date

Principal Investigator (PI)

PI Email

PI Phone

**Note any necessary changes to PI information above should be communicated as described in your NOA.*

[Complete Coversheet](#)

[Complete Progress
Narrative](#)

[Review Performance
Elements](#)

[Complete Additional
Questions](#)

[Complete Personnel Report](#)

[Complete Budget](#)

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Additional Questions

The following questions are specific reporting requirements under the agreement. If you have already provided the requested information for any of the requirements below in your program narrative please reference the applicable section in the space provided. If you have not already addressed the requirement elsewhere in the form please provide a response below. If a response would include submission of data that can be organized in tabular format, a separate excel file(s) may be attached to your email submission of this report. Provide a reference to the applicable filename in the field below.

For the Annual Response, please review your Mid-Year Response before providing updates for this reporting period, your Annual response should only include activity since the last reporting period.

Use "Alt + Enter" to return a new line. Text entered may exceed the visible field space if needed.

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Use "Alt + Enter" to return a new line. Text entered may exceed the visible field space if needed.

Complete Budget

Please answer the following specific questions related to your cooperative agreement using SMART guidance:

- Specific (simple, sensible, significant).
- Measurable (meaningful, motivating).
- Achievable (agreed, attainable).
- Relevant (reasonable, realistic and resourced, results-based).
- Time bound (time-based, time limited, time/cost limited, timely, time-sensitive).

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Mid-Year: Please share any highlights or success stories related to this project. Include links to additional information (website, news articles, etc.) when applicable.

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Annual Report: Please share any highlights or success stories related to this project. Include links to additional information (website, news articles, etc.) when applicable.

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Personnel

Mid-Year Report: Provide the information for all staff contributing to this track of the CAP project (include all staff contributing to the project, e.g. key and other personnel). Include the total number of calendar months effort and number of months funded for this budget period only rounded to the nearest hundreth (XX.XX). Fully devoted effort and/or fully funded project personnel = 12.00 months.

Annual Report: Please review the information you provided at the Mid-Year report. Confirm whether or not there were any personnel changes from your Mid-Year using the drop-down provided. If no changes occurred, no further action is needed. If changes did occur, please update the information as needed and use the drop-down to note the nature of the changes. **Any key personnel changes must be submitted to eRA Commons and may require prior approval as described in your NOA.** For substantial changes (e.g. personnel removed or added) include a short explanation.

If an individual is added at the annual report add their information under the Mid-Year Personnel Report table section and note they are new personnel with the drop-down under personnel changes in the Annual Personnel Report section. If an individual previously reported will no longer work on the project leave their name, title, project role and actual months funded under the Mid-Year Personnel Report section but note their removal using the drop-down under Personnel Changes in the Annual Personnel

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[Complete Progress Narrative](#)

[Review Performance Elements](#)

[Complete Additional Questions](#)

[Complete Personnel Report](#)

[Complete Budget](#)

Mid-Year & Annual Personnel Report						Annual Report Only	
						Select appropriate response:	Select
						Personnel Changes?*	
						(key personnel changes must be submitted to eRA Commons and may require prior approval as described in your NOA)	
	Name (last name, first name)	Title	Project Role	Total Project Effort (# calendar mos - Include effort funded by the CAP and in-kind contribution e.g., non-CAP funded)	Months Funded (# calendar mos - include CAP funded effort only)		Explanation for significant personnel changes
1						Select	
2						Select	
3						Select	
4						Select	
5						Select	
6						Select	
7						Select	
8						Select	
9						Select	
10						Select	
11						Select	
12						Select	
13						Select	
14						Select	
15						Select	
16						Select	
17						Select	
18						Select	
19						Select	
20						Select	
21						Select	
22						Select	
23						Select	
24						Select	
25						Select	
26						Select	
27						Select	
28						Select	
29						Select	
30						Select	
31						Select	
32						Select	
33						Select	
34						Select	
35						Select	

*If adding or removing personnel please update their name, title, project role, and months funded as applicable.

Budget

Mid-Year (Yellow sections)

Enter Total Budgeted at the time of report submission (i.e. include any approved changes from the budget listed in the NOA), Expended to Date and Projected expenses. Expended to date should include all expenses from the start of the project period to the time of report submission.

Projected expenses is pre-set to calculate by subtracting expended to date from the total budgeted and should include all planned expenditures through the end of the budget period. If the calculated projected expenditures is incorrect (e.g. at time of submission you no longer plan to expend the total budget within that category) please clear the embeded formula and enter the projected expenses at the time of submission and include an explanation in the Mid-Year Report Comment section provided.

For "Other 1-4" expenses only replace the bracketed text with a short detail description; e.g. "Other 1 user expense description".

Items 16-19 are not required at the Mid-Year but fields are provided as it is helpful to provide potential estimates for these as early as possible.

Annual Report (Brown sections)

The Annual Total Budgeted is pre-set to equal the Mid-Year Total Budgeted but the embedded formula should be cleared and the correct amount entered if changes have been made since the time of the Mid-Year report submission.

Enter the total expended from the start of the budget period to the time of Annual report submission.

The Projected Expenses are pre-set to calculate by subtracting the Annual Total Budgeted from the Annual Expended to Date but this formula should be cleared and the correct amount entered if needed. Include an explanation in the Annual Report Comments section.

Items 16-19 are requested at the Annual Report submission.

[Complete Coversheet](#)[Complete Progress
Narrative](#)[Review Performance
Elements](#)[Complete Additional
Questions](#)[Complete Personnel Report](#)[Complete Budget](#)

Mid-Year and Annual Budget Report

*Note: Annual Total Budgeted is pre-set equal to Mid-Year Total budgeted and Mid-Year and Annual Projected expenses are pre-set as calculated using the Total Budgeted minus Expended. These formulas should be cleared and actual numbers entered if different.

Expenses	Mid-Year Total Budgeted	Annual Total Budgeted* Only required if changed from Mid-Year Total Budgeted	Mid-Year Expended to Date Start of budget period to date of Mid-Year Report	Annual Expended to Date Start of budget period to date of Annual Report	Mid-Year Projected Expenses* From date of Mid-Year Report to budget period end	Annual Projected Expenses* From date of Annual Report to budget period end
1 Total Salary, Wages, and Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2 Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 Travel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Materials and Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Publication Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6 Consultant Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7 ADP/Computer Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8 Subawards/Contractual Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9 Equipment/Facility Rental/User Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10 Federal F&A (Indirect Costs)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11 Other 1 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12 Other 2 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13 Other 3 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14 Other 4 [Replace only bracketed text]	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15 Total Budget	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16 Estimated current obligated funds	\$0.00	\$0.00				
17 Carryover I will be requesting	\$0.00	\$0.00				
18 New funding request	\$0.00	\$0.00				
19 Total Requested for next budget period	\$0.00	\$0.00				
	Mid-Year Report Comments			Annual Report Comments		
20 Additional Budget Comments: (Use Alt+Enter for new line if desired)						

Program Performance Elements:

Planned Action Items should impact at least one or more of the following Objectives and NOA Reporting Elements required under this agreement.

Terminology:

Objectives are considered to be the **primary performance elements or primary outcomes** for this award.

NOA Reporting Element are considered to be the **secondary performance elements or sub-outcomes** that support the Objectives for this award.

Action Items are tasks the awardee will execute to make progress toward, or complete Objectives and Activities for this award.

[Complete Coversheet](#)

[Complete Progress
Narrative](#)

[Review Performance
Elements](#)

[Complete Additional
Questions](#)

[Complete Personnel Report](#)

[Complete Budget](#)

Primary Outcomes - Objectives**Objective 1.** Training Development

The initial Comprehensive Training Plan must be submitted within 45 days of award and address each of the following components:

Objective 1a. Course Identification and Prioritization.

Objective 1b. Redesign of Existing Courses.

Objective 1c. Development of New Courses.

Objective 1d. In-Person Training for High-Priority Courses.

Objective 1e. Training Coordination of Courses.

Objective 2. Laboratory Meeting Coordination and Execution.

Objective 3. ISO/IEC 17025 Accreditation Assistance.

Objective 4. Management of Laboratory Committees.

Objective 5. Administration of State Laboratory Travel and Training Scholarships

Objective 6. Conduct National Laboratory Collaboration and State Partner Feedback Exercises

Secondary Sub-Outcomes - NOA Reporting Elements

NOA Reporting Element 1. Development status and projected completion timeline of any trainings, workshops, meetings, and other educational materials and resources. Report on the re-design and development of existing FDA-developed courses.

NOA Reporting Element 2. Development of new course development and completion timeline. Describe the decision-making process in course selection and collaboration with the FDA. Describe the delivery method of the course and any course related materials developed.

NOA Reporting Element 3. Development status and projected completion timeline of in-person trainings; include information such as course name and description, materials developed, location and dates of training, number of attendees, and training evaluation results and/or feedback.

NOA Reporting Element 4. Summary of coordination activities completed for in-person and virtual courses; include details of courses, number of staff present during each course delivery, successes/challenges, and feedback from participants and any course advisory groups/SMEs.

NOA Reporting Element 5. Description of planning, hosting, and follow-up activities for the annual LFFM Face-to-Face, GenomeTrakr meetings, NARMS meetings and trainings.

NOA Reporting Element 6. Description of support being provided to laboratories to obtain, maintain, expand scope, and enhance ISO/IEC 17025 accreditation requirements. This includes a summary of the monitoring activities, assistance to labs facing challenges, and progress of the laboratories directly being supported through any consultant services offered under this award.

NOA Reporting Element 7. Description of collaborative work for committees such as the Human and Animal Foods Committee and Food Chemistry Committee regarding FDA funded work in areas that include but are not limited to human and animal foods and food chemistry. Description of coordination with AFDO, AAFCO, NASDA, and other relevant association partners.

NOA Reporting Element 8. Summary of travel scholarships awarded to laboratorians for trainings, meetings, conferences, and materials and supplies. Include the organization name, the number of scholarships awarded and the associated amounts of the scholarships.

NOA Reporting Element 9. Describe any state and partner laboratory feedback gathered and shared with the FDA. Include any outcomes of feedback and any follow-up activities pursued with laboratory partners.